



Ohio History Connection Volunteer Program Special Event Release Form

Event Name & Date:	
Volunteer Name:	
Company/Group Name (if applicable):	
Phone:	
Email:	

Emergency Contact Information (or Parent/Guardian if under 18)

Name:	
Relationship:	
Phone:	
Email:	

VOLUNTEER(S) SIGNATURE: RELEASE OF LIABILITY – PLEASE READ BELOW

In consideration for the Ohio History Connection allowing me to participate as a volunteer in its volunteer program, I hereby release the Ohio History Connection, its officers and employees, from any claims for personal injury or property damage arising out of my participation in the program. I understand that an injury sustained by me while participating in the volunteer program will not be covered by Worker's Compensation or Health Insurance provided by the Connection. By signing below, I agree that I have not been convicted or plead guilty to a crime against a vulnerable population including youth, elderly or the handicapped, and I consent to an online public records search.

PHOTO, AUDIO, VIDEO RELEASES

Volunteers reserve all rights for the Ohio History Connection to archive and use, in whole or in part, recordings that has been taken of the volunteer or in which may be included with others with respect to photographic images, video images, audio recording, and written extraction. All property rights to the pictures and audio are the exclusive property of the Ohio History Connection and may be used at their discretion. Photographs, videos, and audio recordings may be used on the Ohio History Connection website, department blogs, promotional materials and advertisements.

Volunteer Signature **Date**

Parent or Guardian Signature – if volunteer under 18 **Date**